

Alabama Secretary of State



Number

Debtor

Secured Party

Filing Type

MARK POLITING & GOLD LANGE		Business
MARK POWERS & COMPANY INC	BANCORPSOUTH BANK	Business
MARK POWERS & COMPANY INC	BANCORPSOUTH BANK	Business
MARK POWERS & COMPANY, INC.	FC BUSINESS CAPITAL	Business
MARK POWERS & COMPANY, INC.	CHTD COMPANY	Business
MARK POWERS & COMPANY, INC.	SOUTHEASTERN COMMERCIAL FINANCE,LLC	Business
POWERS , MARK	PEOPLESSOUTH BANK	Business
POWERS , MARK	SHEFFIELD FINANCIAL, A DIVISION OF TRUIST BANK	Business
POWERS , MARK ALLEN	REGIONS BANK	Business
POWERS , MARK ALLEN	DEERE & COMPANY	Business
POWERS , MARK ALLEN	DEERE & COMPANY	Business
I	MARK POWERS & COMPANY, INC. MARK POWERS & COMPANY, INC. MARK POWERS & COMPANY, INC. POWERS , MARK POWERS , MARK POWERS , MARK ALLEN POWERS , MARK ALLEN	MARK POWERS & COMPANY, INC. MARK POWERS & COMPANY, INC. CHTD COMPANY SOUTHEASTERN COMMERCIAL FINANCE, LLC POWERS , MARK POWERS , MARK POWERS , MARK POWERS , MARK POWERS , MARK ALLEN REGIONS BANK POWERS , MARK ALLEN DEERE & COMPANY

New Search

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/	BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL T. Check to REQUEST SEAR ESTATE RECORDS. Attach Addendum (if applicable) [ADDITIONAL FEE]	CH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	
350000162706	
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98) QFS v 7.6.2 06-03-02	Bankers Systems, Inc., St. Cloud, MN Form UCC-1-LAZ 9/13/2000

		ENT AMENDME N	IT		# 1760@	
NAME & PHONE	TIONS (front and back OF CONTACT AT FIL	c) CAREFULLY ER [optional]			100 st	
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	6/20/2002		···-	_ max	FINANCING STATEMEN filed [for record] (or rec	
TERMINATIO	N: Effectiveness of the Fi	inencing Statement Identified above i	s terminated with respect to security inter	est(s) of the Secured Part	L ESTATE RECORDS. by authorizing this Termin	ation Statement.
CONTINUATI	ON: Effectiveness of the e additional period provide	Financing Statement identified abo ad by applicable law.	we with respect to security interest(s) of	the Secured Party autho	rizing this Continuation S	Statement is
ASSIGNMEN	T (full or partial): Give ne	me of sesignee in item 7s or 7b and :	address of assignee in item 7c; and also ;	give name of sesignor in it	lem 9.	
WENDMENT (P	ARTY INFORMATION is following three boxes on	f): This Amendment affects: De of provide appropriate information in i	btor or Secured Party of record. C	heck only <u>one</u> of these t	wo boxes,	
CHANGE name a	end/or address: Please refer	to the detailed instructions.	DELETE name: Give record name to be deleted in item 6s or 6b.	ADDra	ame: Complete item 7a or 7 molete items 7e-7a lifepoli	7b, and also item 7c;
	RD INFORMATION:				arv., Italian april	ic iv.li.
MADED	OWEDS & C	OMPANY INC				
66. INDIVIDUAL'S	LAST NAME		FIRST NAME	MIDDLE	IAME	SUFFIX
	OR ADDED INFORMAT	TION:				
7a. ORGANIZATK	ON'S NAME					
76. INDIVIDUAL'S	LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	· · · · ·					
MAILING ADDRESS	s		FIRST NAME	MIDDLE	POSTAL CODE	SUFFIX
MAILING ADDRESS	ADD'L INFO RE ORGANIZATION DEBTOR	7•. TYPE OF ORGANIZATION		STATE		COUNTRY
MAILING ADDRESS SEE INSTRUCTION WIENDMENT (C	ADD'L INFO RE ORGANIZATION DEBTOR	E); check only one box.	CITY 71. JURISDICTION OF ORGANIZATIO	STATE ON 7g. ORGA	POSTAL CODE	COUNTRY
MAILING ADDRESS SEE INSTRUCTION WIENDMENT (C	ADD'L INFO RE ORGANIZATION DEBTOR	E); check only one box.	CITY	STATE ON 7g. ORGA	POSTAL CODE	COUNTRY
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В. S	BancorpSouth Bank P.O. Box 4360		labana (1r stat	527989	/2 12	\$15. s \$9.	\$2
	Tupelo, MS 38803 USA		Z	, 2	12032:	FILE Acces	lotal
	IITIAL FINANCING STATEMENT FILE # 2-0527989		THE ABOVE SPAC	1b. This	FINANCING ST Financing ST filed (for record L ESTATE REC	ATEMENT AM (or recorded)	E NDME NT is
	ASSIGNMENT (: Give name of assignee in item 7a or 7b and	address of assignee in	curity interest() of the Secured P	arty author	rizing this Conti		
6. CI	CHANGE name and,or address: Give current record name in Item 6a or 6b; als] name (if name change) in Item 7a or 7b and,or new address (if address change) URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		ELETE name: Give record name be deleted in item 6a or 6b.	ADI	D name: Compl n 7c; also compl	ete item 7a or 7 ete items 7d-70	7b, and also g (if applicablè
7. CI	6b. INDIVIDUAL'S LAST NAME HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRSTNAME		MIDDLE N	IAME		SUFFIX
OP	7b. INDIVIDUAL'S LAST NAME	FIRSTNAME		MIDDLE N	NAME		SUFFIX
7c. M	AILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY 7f. J UR IS DICTION	N OF ORGANIZATION	S TATE	POSTAL CODE		COUNTRY
8. Al	ORGANIZATION ' DEBTOR MENDMENT (COLLATERAL CHANGE) : check only <u>one</u> box.					-	NON
9. NA	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM discollateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME	ENDMENT (name c	f assignor, if this is an Assignmen)				Debtor which
6.0	BancorpSouth Bank 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	NAME		SUFFIX

FILING OFFICE COPY

NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3 (REV. 07/29/98)

UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optiona]	Т					
•	2-620-3753	Alabama or (1 state	-0527989	01/09 02: '	\$15.	\$4.5 1 \$29.2 472
USA ´		,) <u> </u>	170	H Acc	<i>-</i>
1a. INITIAL FINANCING STATEMENT FILE # 02-0527989		THE ABOVE SPAC	1b. This	R FILING OFFICE FINANCING STATE Filed [for record] LESTATE RECO	TEMENT AN (or recorded	1E NDME NT is
TERMINATION: Effectiveness of the Financing Statement identified above is X CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.		•	cured Par	ty authorizing this	Termination :	
4. ASSIGNMENT (: Give name of assignee in item 7a or 7b and act 5. AMENDMENT (PARTY INFORMATION) : This Amendment affects Deb Also check one of the following three boxes and provide appropriate information in ite CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change in item 7a or 7b and/or new address (if address change) 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	otor or Secured Party of reems 6 and/or 7.	a also give name of as cord. Check only <u>one</u> e: Give record name in item 6a or 6b.	of these to		e item 7a or te items 7d-7	7b, and also g (if applicable) .
OR 6b. INDIVIDUAL'S LAST NAME	FIRSTNAME		MIDDLE N	NAME		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S LAST NAME	FIRSTNAME		MIDDLE I	NAME		SUFFIX
7c. MAILING ADDRESS	СІТУ		STATE	POS TAL CODE		COUNTRY
ADD'L INFO RE 7-e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. J URIS DICTION OF ORGA	NIZATION	7g. ORGA	ANIZATIONAL ID 7	#, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collateral	l description, or describe collat	eral assigned.			П АТТ	ACHMENT
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by the autho						a Debtor which
9a. ORGANIZATION'S NAME BANCORPSOUTH BANK						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME		SUFFIX
10.0PTIONAL FILER REFERENCE DATA 00350000866208						

FILING OFFICE COPY

NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3 (REV. 07/29/98)

Corporation Service (800-858-5294	Alabama Sec. Of State R 12-7247823 FS	Late 09/11/2012 11 me 12: 26 PM 120911 1 Pg	HIIE \$15.00 Access \$9.75 Conv \$3.50	lotal \$28.25
		THE	ABOVE SPACE IS FO	OR FILING OFFIC	E USE ONLY	
DEBTOR'S EXACT FU	LL LEGAL NAME -insert only <u>one</u> debtor nam IE	ne (1a or 1b) -do not abbreviate or combine na	ımes			
Mark Powers & C						
1b. INDIVIDUAL'S LAST NA	AME	FIRSTNAME	MIDDLE	NAME	SUFFI	X
. MAILING ADDRESS		CITY	STATE	IPOSTAL CODE	COUN	TRV
1821 Henry Street		Guntersville	AL	35976	USA	
	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION		ON 1g. OR	J JANIZATIONAL ID #,	ifany	
	DEBTOR Corporation	AL				NON
ADDITIONAL DEBTOR ' 2a. ORGANIZATION'S NAM	S EXACT FULL LEGAL NAME -insert only	vone debtor name (2a or 2b) -do not abbreviat	te or combine names			
Za. OKarwizimon s min						
R 2b. INDIVIDUAL'S LAST NA	AME	FIRSTNAME	MIDDLE	NAME	SUFFI	X
. MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUN	TRY
	ADD'L INFO RE 2e. TYPE OF ORGANIZATIO	DN 2f. J URIS DICTION OF ORGANIZATI	ION 2g. OR O	GANIZATIONAL ID #,	if any	
	ORGANIZATION DEBTOR	İ	1		ſ	NON
SECURED PARTY'S I	NAME (or NAME of TOTAL ASSIGNEE of ASSI	GNOR S /P) -insert only <u>one</u> secured party nar	me (3a or 3 b)		<u>'</u>	
3a. ORGANIZATION'S NAM FC BUSINESS C						
R 3b. INDIVIDUAL'S LAST NA		FIRSTNAME	MIDDLE	NAME	SUFFI	x
	VENUE OUTE 0400	CITY	STATE	POS TAL CODE	COUN	
		NEW ORLEANS	LA	70170	USA	4
. This FINANCING STATEMEN	VENUE, SUITE 2409 T covers the following collateral: xisting and later acquired	NEW ORLEANS	STATE LA	POS TAL CODE 70170	COUN US	

FILING OFFICE COPY

NATIONAL UCC FINANCING STATEMENT (FORM UCC) (REV. 07/29/98

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back CAREFULLY	Т		
A. NAME & PHONE OF CONTACT AT FILER [optiona]	0-858-5294	.0 P	9. 73 9. 25
Corporation Service Company [134518399] 801 Adlai Stevenson Dr	g	Cr St 24782 8/02/ 05:0	\$ \$
Springfield, IL 62703 USA	₹	Sec. B 12-7 Date 0 II me 170802	_ ^
	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # 12-7247823		1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is		Secured Party authorizing this Terminati	
3. x CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest() of the Secured	I Party authorizing this Continuation Sta	tement is
	ddress of assignee in item 7c; and also give name of		
 AMENDMENT (PARTY INFORMATION): This Amendment affects Debt Also check one of the following three boxes and provide appropriate information in ite 	tor <u>or</u> Secured Party of record. Check only <u>o</u> ems 6 and <i>f</i> or 7.	<u>ne</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) i 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	give new DELETE name: Give record nam in item 7c. Debeted in item 6a or 6b.	ADD name: Complete item 7a item 7c; also complete items 7	or 7b, and also 'd-7g (if applicabl) .
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a, ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRSTNAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. J URIS DICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collateral	description, or describe collateral assigned.	A	TTACHMENT
	. ,		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by		ent. If this is an Amendment authorized BTOR authorizing this Amendment.	by a Debtor which
9a. ORGANIZATION'S NAME FC BUSINESS CAPITAL			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.0PTIONAL FILER REFERENCE DATA Debtor:Mark Powers & Company, Inc. 134518399	<u> </u>	·	

FILING OFFICE COPY

NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3 (REV. 07/29/98)

BANCORPSOUTH BANK PO BOX 4360	662-620-3640	abama Urstate	5-710832 F3 e 04/16/2013 e 01:35 PM 416 1 Pg	e \$15.00 ess \$9.75	\$3.5 \$28.2
TUPELO, MS 38803-4360 USA 		ئ ک ABOVE SPACE IS F	Date Date 1304	A F C	
. DEBTOR'S EXACT FULL LEGAL NAME -insert only one debtor name			z., izing of f		
1a. ORGANIZATION'S NAME MARK POWERS & COMPANY INC					
Tb. INDIVIDUAL'S LAST NAME	FIRSTNAME	MIDDL	E NAME		SUFFIX
c. MAILING ADDRESS	CHNTERSYULE	STATE			COUNTRY
PO BOX 72 ADD'L INFO RE 1e. TYPE OF ORGANIZATIO	GUNTERSVILLE 1f. J URIS DICTION OF ORGANIZATIO	AL ON 1g. OR	35976 GANIZATIONAL ID :	#, if any	USA
ORGANIZATION Corporation	AL				NONE
. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME -insert only 2a. ORGANIZATION'S NAME	one debtor name (2a or 2b) -do not abbreviate	or combine names			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME		SUFFIX
c. MAILING ADDRESS	СПУ	STATE	POS TAL CODE		COUNTRY
ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR	2f.J URIS DICTION OF ORGANIZATIO	DN 2g. OR	GANIZATIONAL ID	#, if any	
. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSI Ja. ORGANIZATION'S NAME	I GNOR S /P) –insert only <u>one</u> secured party nam	ne (3a or 3b)			NONE
BANCORPSOUTH BANK		I			
3b. INDIVIDUAL'S LAST NAME	FIRSTNAME	MIDDL	E NAME		SUFFIX
L. MAILING ADDRESS PO BOX 580	cmy GUNTERSVILLE	STATE AL	POS TAL CODE		COUNTRY
. This FINANCING STATEMENT covers the following collateral: ALL ACCOUNTS RECIEVABLE					
ALL INVENTORY					

5. ALTERNATIVE DESIGNATION [if applicablq]: LESSEE LESSOR CONSIGNE CONSIGNOR BAILEE BAILOR SELLER BUYER AG. LIEN NON-UCC FILING
6. This Financing Statement is to be filed [for record or recorded in the REAL ESTATE RECORDS. Attach Addendum (if applicablq) [if applicablq] All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA
350000227316

FILING OFFICE COPY $\ \square$ NATIONAL UCC FINANCING STATEMENT (FORM UCC). (REV. 07/29/98

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	$-\omega$	This FINANCING STATEMER filing pursuant to the Unifo		o a Filing Officer foods.	or
Return copy or recorded original to:			HIS SPACE FOR USE OF FILING OF Date, Time, Number & Filing Office			•
HE HOME BANK						
. о. вох 580						
UNTERSVILLE, AL 359	76					
•						
Bround Age #				ø	SO BUN	200
Pre-paid Acct. # Name and Address of Debtor	(Lest Name First if	a Person)	•	# # # # # # # # # # # # # # # # # # #	TOE OC	
MARK POWERS & COMPAN	Y, INC.			iğ to	344 H	<u> 8</u>
				a co	Bus II	=======================================
P.O. BOX 72				₹,	ည်းရှိနာ များ	기윤 등 🐣
GUNTERSVILLE, AL 359	76		•	Ä		K S O
				: .		
Social Security/Tax ID# Name and Address of Debtor (IF ANY)	Was Name From W		1. V.			
Name and Address of Debtor (IF ANY)	(Last Name First if	a Person)				
			•			
Social Security/Tax ID #			÷			
Additional debtors on attached UCC-E			÷1			
SECURED PARTY (Last Name First if a Person)		4	. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Lest i	Name First if a Person
THE HOME BANK					,,	
1243 GUNTER AVENUE	•					
GUNTERSVILLE, AL 359	76					
		t .				
Social Security/Tax ID #						
Additional secured parties on attached UCC-E				-		
Additional secured parties on attached UCC-E	ypes (or hems) of Property:					
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Additional secured parties on attached UCC-E	description ed herewith atement.	n as ex	tension Complete only when filing with the The Initial indebtedness secured by	this financing sta	Back of Best De Collate By This Print By This	f Form That ascribes The ral Covered a Filing:
Additional secured parties on attached UCC-E The Financing Statement Covers the Following To Complete collateral additional forms fil to this Financing St Check X if covered Products of Collateral ere e This statement is filed without the debtor's signatur (check X, if so) already subject to a security interest in another jurisdial	description ed herewith atement.	in colleteral 7	Complete only when filing with the The Initial Indebtedness secured by Mortgage tax due (15¢ per \$100.00	this financing sta or fraction thereof timber to be cut.	Back of Best De Collate By This O C	and is to be cross
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ATTACHED TO AND MADE A PART OF THAT CERTAIN FINANCING STATEMENT EXECUTED BY MARK POWERS & COMPANY, INC. TO THE HOME BANK

Description Of Property

(1) ACCOUNTS RECEIVABLE - All Accounts Receivable now owned or hereafter acquired and including every right to the payment of monies whether from the proceeds of any sale, the providing of any service, the lease or disposition of any property, the overpayment of any taxes or any other liabilities, or arising in any way from any past, present or future contract or agreement. (2) INVENTORIES - All Inventories of items for sale or lease of every type and description, including finished goods, raw materials, and work in process. All to include that now owned or hereafter acquired, regardless of where located and including the full proceeds from any sale or other disposition and including the right of stoppage in transit.

Signed For Identification Jeb Jouese

MARK POWERS & COMPANY, INC.

Alabama Sec. Df State B 93-09403 FS Date 3/19/93 Time 11:26 AM

File \$10.00 ExPg \$1.00 ExNm \$.00 Form \$.00

\$11.00

· UCC3 FINANCING STATEMEN	TAMENDMENT			
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NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3 (REV. 07/29/9)

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x TERMINATION: Effectiveness of the Financing Statement identi	tified above is te	erminated with respect to security	/ interest(s) of the Se		AL ESTATE RECC ty authorizing this		Statement.
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ASSIGNMENT (): Give name of assignee in item 7a AMENDMENT (PARTY INFORMATION): This Amendment affe			-				
Also check one of the following three boxes and provide appropriate info	ш	or <u>or</u> Secured Party of reco	rd. Check only one	or these t	wo boxes.		
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SECRETARY OF STATE UCC FINANCING STATEMENT OF ALABAMA **FOLLOWINSTRUCTIONS** NAME & PHONE OF CONTACT AT E'LER (optional) E MAR DONTAGT AT PILER Hopbional) SEND ACKNOWLEDGMENT TO (Name and Address) STRATEGIC RESEARCH, LLC **HOLD FOR** 560 Colonial Rd., Suite 203 **SEARCHTEC** Memphis, TN 38117 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name) do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name with roughly in laber to leave all of item 1 blank, check here [] and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1s ORGANIZATION'S NAME Mark Powers & Company, Inc. OR 15 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OSTAL DODE IC MAIUNG ACCRESS AL35976 USA Guntersville

30.	MAILING ADDRESS P.O. Box 11063	GITY Birmingham	STATE AL	35202-1063	COUNTRY
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name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

CIDEBTOR'S NAME. Provide only tog Deptor name 12a or 2b, (use exact foll name, do not crist, modify or abbreviate any part of the Deptor's name:

4 COLLATERAL: This financing statement covers the following collateral

1821 Henry Street

25 OF CANEZA FOR'S NAME

All of the Debtor's assets, wherever located and whether presently owned or acquired hereafter; to specifically include, without limitation, debtor's accounts, accounts receivable, inventory, furniture & fixtures, machinery & equipment, patents & trademarks, chattel paper and general intangibles. This financing statement covers the products and proceeds of the collateral, including insurance proceeds.

5. Check any if applicable and check grily one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions)	being administered by a Decedent's Personal Representative
Gai. Check chly if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Fling
7. ALTERNATIVE DESIGNATION (Tapplicable) Lessee/Lessor Consignee/Consignor Seller/B	uyer Bailee/Bailor I icensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

B. SEND ACKNOWLEDG	ONTACT AT FILE Company [14 ² MENT TO: (Nan	1897050]	800-858-5	i <u>294</u>	، م ب	11 FS /2018 27 AM 1 Pg	15.00 \$9.75	4.5	29.25
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2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA		LEGAL NAME - insert on	nly <u>one</u> debtor name (2a or 2b) - do not abbreviate or co	mbine names				
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. ASSIGNMENT (): Give name of assignee in item 7a	a or 7b and add	dress of assignee in item 7c; and also give	name of assign	or in item 9.		
. AMENDMENT (PART	Y INFORMATION): This Amendment affe	ects Debto	or <u>or</u> Secured Party of record. Chec	k only <u>one</u> of th	ese two boxes.		
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